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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

IIJIMA et al.

Application Number: 10/767,432

Filed: January 30, 2004

For: VRRP TECHNOLOGY KEEPING
VR CONFIDENTIALITY

Attorney Docket No. ASAM.0106

Art Unit 2419

Examiner
Blanche WONG

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	12	12	(Over 20)	x \$52	0
Independent Claims	1	1	(Over 3)	x \$220	0
Multiple Dependent Claim(s)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

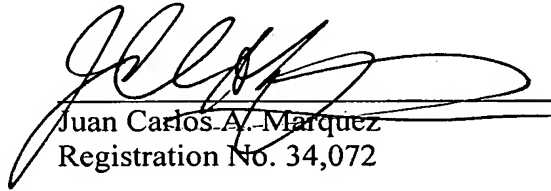
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [x] Supplemental Response to Office Action
(with Claim Amendments)
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement

- [] Petition for Extension of Time (___ month)
[] Terminal Disclaimer
[] Letter to the Draftsperson
with ___ sheet of replacement drawings
[] Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [] Check in the amount of \$_____ to cover the fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
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May 5, 2009



Examiner
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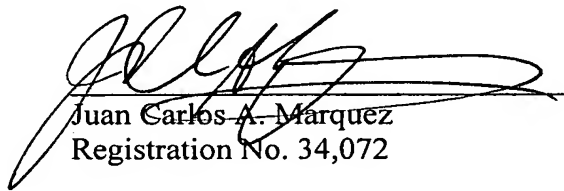
COVER LETTER

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[] Other _____

- ☐ Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
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